PTO/SB/06 (08-03)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTID-875  |   |   |              |   |                      |        |                     |                        | Application or Docket Number  09866923 |                            |  |
|---|---|---|--------------|---|----------------------|--------|---------------------|------------------------|--|----------------------------|--|
| CLAIMS AS FILED – PART I (Column 1) (Column 2)                            |   |   |              |   |                      |        | SMALL ENTITY        |                        | OR                                     | OTHER THAN<br>SMALL ENTITY |  |
| FOR NUMBER  |   |   |              | T   | R EXTRA              |        | RATE                | FEE                    |  | RATE                       | FEE  |
|   | C FEE<br>FR 1.16(a))  |   |              |   |                      |        | 70,12               | s                      | OR                                     | 10,112                     | \$   |
| TOTAL CLAIMS<br>(37 CFR 1.16(c)) minus 20 =                               |   |   | _  .         |   |                      | x \$ = |                     | OR                     | x \$ =                                 | 1                          |  |
| INDE  | PENDENT CLAIR   | us -                                      |              |   |                      |        |                     |                        | i                                      |                            | '  |
| (37 CFR 1.16(b)) minus 3 = *  |   |   |              |   |                      | × \$=  | <u> </u>            | OR                     | X \$=                                  |                            |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                         |   |   |              |   |                      |        | + \$=               |                        | OR                                     | +\$=                       |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2. |   |   |              |   |                      |        | TOTAL               |                        | OR                                     | TOTAL                      |  |
| CLAIMS AS AMENDED - PART II   |   |   |              |   |                      |        |                     |                        |  |                            |  |
| 2   | -7-05   | (Column 1)                                | Column 1) (C |   | Column 2) (Column 3) |        | SMALL ENTITY        |                        | OR                                     | OTHER THAN<br>SMALL ENTITY |  |
| NT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA     |        | RATE                | ADDI-<br>TIONAL<br>FEE |  | RATE                       | ADDI-<br>TIONAL<br>FEE                           |
| Ĭ   | Total<br>(37 CFR 1.16(c))   | · +/                                      | Minus        | <i>" 20</i>                                 | = 0                  |        | x \$ =              |                        | OR                                     | x \$ =                     |  |
| AMENDMENT   | Independent<br>(37 CFR 1.16(b))   | • 6/                                      | Minus        | <del>""</del> 3                             | = ()                 |        | x \$ =              |                        | OR                                     | x \$ =                     |  |
| AM  | FIRST PRESENT   | ATION OF MULTIPL                          | E DEPEND     | ENT CLAIM (37 CF                            | R 1.16(d))           |        |                     |                        | OR                                     | +s =                       |  |
|   |   |   |              |   |                      |        | TOTAL               |                        |  | TOTAL                      |  |
|   |   |   |              |   |                      |        | ADD'L FEE           |                        | OR                                     | ADD'L FEE                  |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST                          |   |   |              |   |                      | 1 1    | E                   | ı                      | 1                                      |                            | 1  |
| NT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA     |        | RATE                | ADDI-<br>TIONAL<br>FEE |  | RATE                       | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT   | Total<br>(37 CFR 1.16(c))   | •   | Minus        | **  | =                    |        | x \$=               |                        | OR                                     | x \$=                      |  |
|   | Independent<br>(37 CFR 1.16(b))   | •   | Minus        | ***   | =                    |        | x \$ _=             |                        | OR                                     | x s =                      |  |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |   |              |   |                      |        | +s =                | _                      | OR                                     | +\$ =                      |  |
|   |   |   |              |   |                      | 1      | TOTAL<br>ADD'L FEE  |                        | OR                                     | TOTAL<br>ADD'L FEE         |  |
| (Column 1) (Column 2) (Column 3)  |   |   |              |   |                      |        |                     |                        |  |                            |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA     |        | RATE                | ADDI-<br>TIONAL<br>FEE |  | RATE                       | ADDI-<br>TIONAL<br>FEE                           |
|   | Total<br>(37 CFR 1.16(c))   | *   | Minus        | **  | =                    | 1      | x \$=               |                        | OR                                     | x \$=                      |  |
|   | Independent<br>(37 CFR 1.16(b))   | •   | Minus        | ***   | =                    | 1      | × \$=               |                        | OR                                     | x \$=                      |  |
| λME   |   | 1   | L DEDEN'S    | ENT CLARY (27.0)                            | P 1 16/d\\           | 1      |                     | <del> </del>           | 1                                      |                            |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |   |   |              |   |                      |        | + \$=<br>TOTAL      | -                      | OR                                     | + s =                      | <del>                                     </del> |
|   | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul> |   |              |   |                      |        |                     |                        | OR                                     | ADD'L FEE                  | L  |
|   | " If the "Highest   | Number Previous Number Previous           | ly Paid For  | " IN THIS SPACE                             | is less than 20.     | , ent  | ter *20*.<br>r *3*. |                        |  | _                          |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.